

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10/553683**  
APPLICATION

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3							53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14	1						64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23	1						73						
24	1						74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32	1						82						
33	1						83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43	1						93						
44							94						
45							95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	66	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	75						TOTAL CLAIMS						